

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 14/06/2021 09:00 (SGT)
Date of Accident 10/06/2021 17:33 (SGT)
Exact Location of Accident Lor N Telok Kurau & Still Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4875J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No 2XXXXX635R
Email Address ppemclaims@gmail.com
Mobile Phone No (Phone) +65-83740156
Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2488

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D19MFL0005549_01
Cover Note Number -

DRIVER

Name of Driver YEO BOON SHIONG
NRIC No SXXXX364E

Date Of Birth	21/06/1978
Occupation	Outdoor
Date Of Driving Pass	04/10/2010
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83740156
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 9 JALAN BATU #05-25
Address complement	-
Postcode	431009
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FRIEND
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10.06.2021 AT ABOUT 1733HRS, I WAS DRIVING MY VEHICLE A ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING JUNCTION, I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTERING YELLOW BOX, THERE WAS VEHICLES WAS STOPPED BEFORE YELLOW BOX AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER CONFIRMING NO ONCOMING VEHICLE I SLOWLY ENTERING YELLOW BOX NEARLY CENTRE WHEN VEHICLE B FROM NOWHERE VERY FAST COLLIDED ONTO MY VEHICLE. I AM NOT SURE VEHICLE B FROM WHICH DIRECTION. I FEEL DIZZY AND NECK PAIN DUE TO THE IMPACT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD8896R
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ASAPH HENG SING EN
Contact Number	(Phone) +65-96667315
Address	21 RAMBAI ROAD
Address complement	-
Postcode	424346
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO BOON SHIONG
Address	BLK 9 JALAN BATU #05-25
Address Complement	-
Post Code	431009
Approximate Age Years Old	42
Injuries Sustained	DIZZY AND NECK PAIN.
Injured person in which vehicle?	GBK4875J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p>_____ Policyholder's Signature / Date & Time</p>	<p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <div style="position: absolute; top: 10%; left: 10%;"> <p>10/6/21 - 2140H</p> </div> <div style="position: absolute; top: 70%; left: 70%;"> <p>A GBK 4875J</p> <p>B SLD 8896R</p> </div>		

Describe Circumstances of the Accident

ON 100621 AT ABOUT 1733HRS I WAS DRIVING MY VEHICLE A ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING JUNCTION I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTERING YELLOW BOX, THERE WAS VEHICLES WAS STOPPED BEFORE YELLOW BOX AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER CONFIRMING NO ONCOMING VEHICLE I SLOWLY ENTERING YELLOW BOX NEARLY CENTRE WHEN VEHICLE B FROM NOWHERE VERY FAST COLLIDED ONTO MY VEHICLE.. I AM NOT SURE VEHICLE B FROM WHICH DIRECTION. I FEEL DIZZY AND NECK PAIN DUE TO THE IMPACT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

10/6/21 - 2140

Witnessed by Reporting Centre Personnel

Khairul







































SINGAPORE
POLICE FORCE



T/20210612/2034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210612/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2021 13:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO BOON SHIONG			Address: APT BLK 9 JALAN BATU #05-25 DI TANJONG RHU SINGAPORE 431009		
ID Type / ID No.: NRIC NO / S7817364E			Contact No.: Home/Office: Mobile: 83740156		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 21/06/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/06/2021 17:30	Type of Location: X-Junction
Location: LORONG N TELOK KURAU				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK4875J	Van				Slightly Damaged	1
SLD8896R	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20210612/2034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210612/2034

CONTINUATION OF REPORT

Driver			
Name	YEO BOON SHIONG		ID No. S7817364E
Related Vehicle	GBK4875J (Van)		Contact No. 83740156
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ASAPH HENG SING EN		ID No. NIL
Related Vehicle	SLD8896R (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,
I WAS DRIVING ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING THE JUNCTION I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTER THE YELLOW BOX, THERE WERE VEHICLES THAT WERE STOPPED BEFORE THE YELLOW BOX AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER CONFIRMING THERE WAS NO ONCOMING VEHICLE I SLOWLY ENTERED THE CENTER OF THE YELLOW BOX WHEN A CAR (SLD8896R) FROM NOWHERE CAME VERY FAST AND COLLIDED ONTO MY VEHICLE. I WAS NOT SURE WHICH DIRECTION THE CAR CAME FROM AS I FELT DIZZY AND HAD NECK PAIN DUE TO THE IMPACT. THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20210612/2034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210612/2034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /
SC ARSHATH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/06/2021 13:29

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168SINGAPORE
POLICE FORCESINGAPORE
POLICE FORCESINGAPORE
POLICE FORCE

Signature: